placement may well relieve patient anxiety by eliminating practically all of the breast tissue with its malignant potential. Patient selection for this procedure is important because the cosmetic results and incidence of complications following operation vary with the type of breast that requires reconstruction. Application of the techniques of breast reconstruction with prosthetic implants may also be indicated in selected patients following radical mastectomy, particularly where the pectoral muscles have been spared.

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## The Use of Pressure in Control of Hypertrophic Burn Scars and Contractures

SCAR HYPERTROPHY AND CONTRACTURE are two of the most frustrating sequelae of thermal injury. Hypertrophic scars may occur in any area of the body except those areas in which the skin is splinted by its attachment to underlying structures (for example, scalp, palms of the hands, soles of the feet and tip of the nose). Contractures usually occur across joints.

The development of hypertrophic scars and contractures is so common, especially in children, that they are frequently accepted as natural consequences of thermal injury.

At the Shriners Burn Institute in Galveston, Texas, it has been shown that these sequelae can be significantly altered and controlled by the use of special techniques. The application of continuous and controlled pressure through the use of custom-formed splints and custom-made, anti-burn scar plastic supports has yielded a high degree of both non-surgical control of scar contracture and hypertrophic scar formation.

The healed burn wound in its early stages is characterized clinically by increased warmth, redness and firmness. This scar is composed of young, actively growing, dynamic tissue which responds readily to many stimuli. This tissue will rapidly shorten if not controlled by an opposing force. The opposing force may consist of splinting, traction, pressure, exercise or a combination of these.

Splints can be easily made by using "orthoplast" isoprene which is simple to cut, mold and adapt. Used properly these splints will decrease contracture formation.

Constant pressure following healing can be applied by the use of elastic wraps or Jobst® gradient pressure garments which are custom made specifically for the burn patient. For maximum effectiveness the garments must be properly fitted and applied as soon as healing and graft take permits. The application of pressure should be constant except for brief periods which should not extend for more than one hour.

These garments must be worn continuously for at least six months and in some cases, longer. The general consensus is that pressure should be applied as long as the scar has the clinical appearance of an active scar, that is, as long as it remains hyperemic and firm.

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## Perils of Body Contouring

THE CONCEPT of "body contouring" has become increasingly popular as shown by reports in professional journals and particularly by a multitude of articles in popular newsstand magazines. Public acceptance of body contouring is evident from the increased requests for such procedures being received in many plastic surgery offices.

Persons who have conscientiously pursued a rigid weight reduction program, often with a loss of more than 100 pounds, are frequently dismayed with the hanging folds of skin and subcutaneous tissue in the face, neck, arms, breasts, abdomen, buttocks and thighs. Despite rigorous exercise programs, the redundant skin cannot be "firmed up" and these patients are ideal candidates for total body contouring. Women who have multiple abdominal striae following pregnancy and persons with congenitally-determined excessive fatty deposits in the buttocks and thighs are also good candidates for body contouring.

Although obvious physical and psychological improvement may be attained by such surgical procedures, the prospective patient must be fully informed of the multiple risks and complications inherent in such procedures. Conspicuous scarring is frequently present postoperatively. Often these